

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FO... WITH FORM PTO-875)

SERIAL NO.

10/527713

FILING DATE

APPL... (S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		2		1		
4		1		1		
5		1		1		
6		1		1		
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45		1		1		
46		1		1		
47		1		1		
48		1		1		
49		1		1		
50		1		1		
TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	35	↙	36	↙		↙
TOTAL CLAIMS	36		37			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↙		↙		↙
TOTAL CLAIMS						